QUARTERLY WAGE REPORTING SYSTEM
QWRS

EMPLOYER'S GUIDE
FOR PREPARING
THE MAGNETIC MEDIA RECORD LAYOUT

STATE OF HAWAII
DEPARTMENT OF LABOR & INDUSTRIAL RELATIONS
UNEMPLOYMENT INSURANCE DIVISION

Revised August 2005

GENERAL INFORMATION

PURPOSE OF THIS GUIDE

The purpose of this publication is to provide employers and their authorized representatives (payroll service bureaus, parent companies, etc.) with the requirements for reporting quarterly wage information on magnetic media to the Unemployment Insurance Division. Employers approved to file wage information on magnetic media must still file Form UC-B6, "Employers Quarterly Wage and Contribution/Reimbursable Report." HOWEVER, DO NOT LIST INDIVIDUAL EMPLOYEES ON FORMS UC-B6 OR UC-B6 (A) IF THE EMPLOYEE WAGE DATA IS REPORTED ON DISKETTE.

BENEFITS OF REPORTING ON MAGNETIC MEDIA

The processing and storage of paper (manual) quarterly wage forms is costly for both the State government and private enterprise. It will cost the State government hundreds of labor hours and thousands of dollars to process and store the documents. The same wage information can be processed and stored on magnetic media with a significant reduction in cost.

In comparison to manual methods of reporting wage data, magnetic media reporting saves time as well as labor expense. Each year the number of businesses reporting to the Federal and State governments on magnetic media increases. Businesses are realizing substantial cost savings by converting to magnetic media reporting.

Some additional benefits for reporting wage records information on magnetic media are:

1. Eliminates handling, processing and storing of paper reports.
2. Eliminates keypunch and OCR read errors.
3. Reduces the cost of administering the UI Program.
4. Enhances the confidentiality of wage information by restricting access and limiting the number of individuals handling the records.

HOW TO GET APPROVAL

Before magnetic media reporting may commence, the employer must first obtain approval from the Division to report quarterly wage information. DO NOT SEND INITIAL MAGNETIC MEDIA WITHOUT INCLUDING AN APPLICATION FOR APPROVAL.

The following items must be completed:

1. Complete and return Form UC-346, "Application For Quarterly Wage Reporting Systems Magnetic Media Reporting." The application form is included in this packet.
2. Submit your file on Magnetic Media along with the application. The file may contain actual (production) wage data for a reporting quarter. If the production data is successfully downloaded, it will be accepted as your wage report for that quarter. However, sample data may be tested in order to test the file layout and ensure that it is formatted correctly. Please indicate if your magnetic media is for test only or an actual production file for the quarter.
3. Submit a "dump" or a printed file report of data contained on the test/production magnetic media. (Subsequent magnetic media reports do not require a dump of the file.)

Magnetic Media filing is for reporting employee wage data only. Employers are required to submit contribution information on Form UC-B6, "Employers Quarterly Wage, Contribution and Employment and Training Assessment Report." Do not attach or send a hard copy of the quarterly wage report, which duplicates employees on the magnetic media. Quarterly wage reports are due one month after the end of each calendar quarter.

The UI Division will respond to the application and the test magnetic media within 60 days of receipt. The Division will discuss the results of the test data and provide written approval after satisfactory results are achieved.

QUARTERLY WAGE RECORD FILE LAYOUT

Data Element Name	Position Start End	Length	Type	Comments
Batch Number	1-24	24	Numeric	Fill with zeros.
Employer Number	25-34	10	Numeric	Enter 10-digit UI account number.
Quarter End Date	35-40	6	Numeric	Enter the quarter ending date for which wages are being reported using MMDDYY format. (This date must be less than the current date.)
Delinquent Date	41-46	6	Numeric	Fill with zeros.
Employee Information				
Employee SSN	47-55	9	Numeric	Enter the employee SSN. If no employee(s) are being reported (i.e., no payroll), enter 9 "periods."
Employee Name	56-81	26	Alpha	Enter the employee's last, followed by a comma and a space, and then the first name. Middle initial is optional, but if included, it should follow first name after one space. (Example: DOE, JOHN H) If no employee(s) is being reported (i.e., no payroll), enter 26 forward leaning "slashes."
Employee Wages	82-94	13	Numeric	Enter employee's quarterly wages. Include the decimal before the cents field. Right justify and zero fill the preceding spaces. If no employee is being reported (i.e., no payroll), enter 13 "periods".
Repeat Employee Information for Next 13 Employees				
Next 13 Employees	95-718	624	Numeric/ Alpha	Continue entering employee information for the next 13 employees by repeating data fields in positions 47-94. If no additional employees are being reported, leave fields blank.
Total Page Wages	719-733	15	Numeric	Enter the total wages for all employees reported in this record (positions 47-718.) Include the decimal before the cents field. Right justify and zero file the preceding spaces. If no employee(s) are reported, zero fill (including the decimal.)
Transmit Date	734-739	6	Numeric	Enter the date the file is created. The transmit date must be less than the current date.

INSTRUCTIONS

1) Each record length is fixed at 739 characters. Do not compress. Do not include any delimiters between records. Block size is 7390 for files report on 3480/3490 cartridge tapes.

2) Diskettes, CDs and 3480/3490 tape cartridges are the only acceptable media types.

   - Files submitted on tape cartridges must be in EBCDIC. Files submitted on diskette or CD must be standard text files written in ASCII. (Flat files only.)
   - A standard IBM internal tape label is required for files submitted on 3480/3490 tape cartridges.

3) File Name Format: The file name used for reporting on diskettes and CDs begins with the employer's 10-digit UI account number, followed by an underscore, the report year, another underscore, the report quarter, and lastly, the file name extension 'qwrs.'

   Example: **0009876543_2005_Q3.qwrs** (This is the file name for an employer with UI account number 0009876543 who is reporting wage records for the 3rd quarter of 2005.)

4) Multiple Employer Reporting Format: If multiple employers are being reported, all employer files must be merged into a single data file. Service bureaus and other entities reporting multiple employers must submit an application for a special "SV Number" before submitting files. The "SV Number" is used identify the multiple employer transmitter and is also used to derive the file name containing the multiple employer records.

5) The "BATCH NUMBER," "EMPLOYER NUMBER" and "QTR END DATE" fields are required on each record. The "TOTAL PAGE WAGES" and "TRANSMIT DATE" fields must appear at the end of each record.

6) Each record can report wage records for up to 14 employees. If less than 14 employees are reported on a record, the remaining employee fields must be left blank. If the employer has 'no payroll' to report for the quarter, the employee SSN field in positions 47-55 must be filled with "periods (i.e.,……..)." the employee name field in positions 56-81 must be filled with forward leaning "slashes (i.e., ///)," and the employee wage field in positions 82-94 must be filled with "periods."

7) The "QTR END DATE" field," positions 35 to 40 must be in the "MMDDYY" format.

   Examples of the "QTR END DATE" format for calendar year 2005:

First Quarter:	033105
Second Quarter:	063005
Third Quarter:	093005
Fourth Quarter:	123105

8) The external label should include the information listed below:

   QWRS-VB – Employee Wage Records
   Transmitter's Name:
   UI Account # or Multiple Filer #:
   Quarter Ending: mm/dd/yy

9) Tape cartridges will be returned by mail provided a return mailing address label is included in package. CD's and diskettes will not be returned.

State of Hawaii
Department of Labor and Industrial Relations
Unemployment Insurance Division

Application For Quarterly Wage Reporting Systems
Magnetic Media Reporting

Employer or Transmitter's Name:	DOL Account Number (If applicable):

Employer or Transmitter's Mailing Address:	Employer or Transmitter's FEIN:

City:	State:	Country:	Zip Code + 4 digits:	Foreign Postal Code:

Contact Person:	Title:

E-mail Address:	Phone Number: ( )

Return this form, accompanied by your magnetic media and hard copy file:

Mail To:
Unemployment Insurance Division
Employer Services Section – Wage Records Unit
P O Box 1200
Honolulu, HI 96807-1200

Hand Deliver To:
Unemployment Insurance Division
Employer Services Section – Wage Records Unit
830Punchbowl St. Rm. 437
Honolulu, HI 96813

If there are any questions, call or E-mail the following:

  QWRS: 808-586-8982
  QWRS E-mail Address: dlir.ui.qwrs@hawaii.gov

 UI RESERVES THE RIGHT TO RETRACT APPROVAL IF MAGNETIC MEDIA CANNOT BE PROCESSED

Authorized Signature _____   **Date** _____

Print Full Name _____   **Title** _____

FOR UI USE ONLY

Received Date: _____

_____**APPROVED** **DATE:**_____   **SV NUMBER:**_____

_____**DENIED** **DATE:**_____

COMMENTS

1. **Enter the name of the Employer or authorized Transmitter. Examples of "Authorized Transmitters" are, service bureaus, parent companies, certified public accountants, etc. who are applying for multiple employer reporting.**

2. **Enter the Employer or Transmitter's Department of Labor (DOL), Unemployment Insurance ten (10) digit account number. If the applicant does not have an account number, enter "NA."**

   Note: This <u>IS NOT</u> your state tax withholding number.

3. **Enter the mailing address of the Employer or Transmitter.**

4. **Enter the Employer or Transmitter's nine (9) digit Federal Employer Identification Number (FEIN).**

5. **Enter the city, state, country, zip code including the 4-digit routing number, and foreign postal code (if applicable).**

6. **Enter the name of the contact person responsible for the QWRS information.**

7. **Enter the title of the contact person.**

8. **Enter the E-mail address of the contact person.**

9. **Enter the area code and telephone number of the contact person.**

State of Hawaii
Department of Labor and Industrial Relations
Unemployment Insurance Division

Quarterly Wage Reporting System
MULTIPLE FILER APPLICATION

Transmitter's Name:	DOL Account Number (If applicable):

Transmitter's Mailing Address:	Transmitter's FEIN:

City:	State:	Country:	Zip Code + 4 digits:	Foreign Postal Code:

Contact Person:	Title:

E-mail Address (mandatory):	Phone Number: ( )

Current Quarterly Wage Filing Method: ☐ Hard Copy Filer   ☐ DOS Program User   ☐ Other

The transmitter agrees to use the QUARTERLY WAGE REPORTING SYSTEM (QWRS) to report EMPLOYEE WAGE RECORDS to the Unemployment Insurance Division as instructed in the QWRS "User's Manual". UI reserves the right to discontinue use of the "QWRS Program" if the Employee Wage Records cannot be properly read by UI.

☐ **I ACCEPT the above terms and conditions**   ☐ **I DECLINE to accept the above terms and conditions**

Authorized Signature _____   **Date** _____

Print Full Name _____   **Title** _____

If there are any questions, E-mail or call the following: Mail or Fax Completed Form To:

   QWRS: 808-586-8982
   QWRS E-mail Address: dlir.ui.qwrs@hawaii.gov

Unemployment Insurance Division
P O Box 1200
Honolulu, HI 96807-1200

FAX: (808) 586-8929

FOR UI USE ONLY

_____**APPROVED**   **DATE:_____**   **SV NUMBER:** _____

_____**DENIED**   **DATE:_____**   **Initials:** _____

COMMENTS:

Quarterly Wage Reporting System Application Form Instructions
For MULTIPLE FILERS

Form UC-345 is used to issue a Service Company Number (SV Number) to Multiple Filers. The Service Company Number is utilized by the QWRS VB Program to activate the multiple filer function on the software.

INSTRUCTIONS

1. **Enter the name of the authorized Transmitter. Examples of "Authorized Transmitters" are, service bureaus, parent companies, certified public accountants, etc. who are applying for multiple employer reporting.**

2. **Enter the Transmitter's Department of Labor (DOL), Unemployment Insurance ten (10) digit account number. If the applicant does not have an account number, enter "NA."**

    Note: This IS NOT your state tax withholding number.

3. **Enter the mailing address of the Transmitter.**

4. **Enter the Transmitter's nine (9) digit Federal Employer Identification Number (FEIN).**

5. **Enter the city, state, country, zip code including the 4-digit routing number, and foreign postal code (if applicable).**

6. **Enter the name of the contact person responsible for the QWRS information.**

7. **Enter the title of the contact person.**

8. **Enter the E-mail address of the contact person. This is a MANDATORY field.**

9. **Enter the area code and telephone number of the contact person.**

10. **Check the box, which describes your current Quarterly Wage reporting method.**